masses and the intensity of the infection; it is a probability, and is evident only after the crisis, when the graphic curve of the agglutinizing power of the serum is complete. 3. The agglutinizing power is a variable quantity; the cause of its fluctuations cannot generally be determined. 4. Complications of convalescence are often announced by an augmentation of agglutinizing power, which remains marked for some days. 5. To be exact, the curve (graphic) of agglutinizing power should be constructed from the results of daily tests.—*Archives de Médecine et de Pharmacie Militaires*, 1900, No. 3, p. 191.

[The advocates of the so-called Brand bath do not seem to consider that under efficient intestinal antisepsis—and there is not the slightest doubt of its practicability—there exists no reason for its employment. There is no doubt that the theory of the Woodbridge treatment is correct; a little less energy devoted to its condemnation, and considerably more toward making the method consonant with advanced therapeutics, is desirable.—R. W. W.]

The Use of Opium in the Summer Diarrhœas of Children.—DR. FLOYD M. CRANDALL believes that opium is contraindicated (1) in the first stages of acute diarrhœa, before the intestinal canal has been freed from decomposing matter; (2) when the passages are infrequent or of bad odor; (3) when there is a high temperature or cerebral symptoms are present; (4) when its use is followed by elevation of temperature or the passages become more offensive. It is indicated (1) when the passages are very frequent, with pain; (2) when they are excessively frequent, large, and watery; (3) in dysenteric diarrhœa preceded by castor oil or a saline; (4) in late stages, with small, frequent passages; (5) when the passages consist largely of undigested food and the bowels act as soon as food is taken into the stomach. Opium should always be given alone and the dose carefully regulated.—*International Medical Magazine*, 1900, vol. ix., p. 481.

The Action of Atropine upon the Secretion of Hydrochloric Acid of the Gastric Juice.—DOTT. G. GAGLIO finds that this not only paralyzes the reflex gastric secretion, but also that produced by the presence of food in the stomach. His observations upon dogs seem to justify the use of atropine in persistent hyperchlorhydria or Reichmann's disease, as was first recommended by Ivanowitch and by Rummo.—*La Riforma Medica*, 1900, No. 160, p. 116.

The Value of Gelatin as a Hæmostatic Agent.—DOTT. A. SALOMONI concludes that: (1) Gelatin mixed directly with blood outside of the organism readily favors coagulation, producing soft, not lasting, or retractile clots, such as are obtained with normal blood or blood treated with real hæmostatic substances. (2) Injected into the bloodvessels it is borne in large amounts, but without producing coagula in them; it disappears slowly; blood which has received this substance by injection coagulates a little more rapidly than normal blood, but the clot is soft, not lasting and retractile. (3) If injected subcutaneously or into the peritoneal cavity it is absorbed very slowly, and then only by the lymphatics. It does not render the blood more coagulable five pills, are taken daily, or it may be administered in mucilage. In three epidemics the mortality with this method was 17 per cent.; with others, 28 per cent. Of forty-seven patients (sporadic) but three died, viz., 6.3 per cent.

DOTT. COMINI had successfully treated five out of six patients with silver salts; the sixth was treated by other methods and died.—*Gazetta degli Ospedali e delle Cliniche*, 1900, No. 84, p. 867.

Cod-liver Oil Injections for Tuberculosis.—DR. W. ZENNER has employed the following formula for rectal injection: Purified pancreatin, 10; inspissated ox-gall, 1; sodium chlorate, 3; dissolved in water, 100; and allowed to digest for two hours with cod-liver oil, 500, to which a few drops of the ethereal oil of eucalyptus are added. The bowel is cleansed by enema, and from two to three ounces of this emulsion, previously warmed, is inserted through a rectal tube each night, the patient being in the knee-elbow position. This formula is based upon the observation of various authorities, and is designed to possess easy absorbability and high nutritive value.—*Therapeutische Monatshefte*, 1900, Heft 6, S. 305.

The Treatment of Gastric Disease.—DR. C. LYON protests against the use of chemical means in the treatment of gastropathies. He submits that (1) the action of drugs, for example, the alkalies and acids, does not always agree with physiological teaching, and, further, even physiologists are not in harmony concerning the action of these drugs. (2) An improper course is taken in attempting to treat patients solely upon the basis of a hyperchlorhydria or hypochlorhydria which may appear on analysis. (3) The therapeutic results were especially satisfactory when a severe regimen was prescribed to the exclusion of all systematic medication. (4) There is no different regimen for each variety of disease; but, in fact, the same can be instituted in the great majority of instances. The secret of success lies in assuring, at the outset, rest for the stomach by a restricted diet of one or several types of food, according to the case, and then gradually returning to normal diet. (5) Physical means are adjuvants of the first rank, and in the vast majority of instances they assure cure. They are rest, hydrotherapy in different forms, massage, and lavage of the intestine. The opinion is offered that inert powders intended as a "dressing" for the mucous membrane irritate the stomach, and on that account should be excluded.—*Revue de Thérapeutique Médico-chirurgicale*, 1900, No. 14, p. 179.

Treatment of Gastric Ulcer.—DR. L. BOURGET reports upon eighty-eight patients who have been under his care. Whether hemorrhage has taken place or not the stomach contents are removed by the stomach-tube, and then washed with about three ounces of water; next, from three to five ounces of a 2 per cent. solution of ferric chloride, to which one-half of 1 per cent. of potassium chlorate has been added, are placed in the stomach by the tube and removed at once. The procedure is repeated until about thirty ounces of the solution have been employed. Lastly, about two ounces of the solution are kept in the stomach, and the patient lies upon his abdomen. Five minutes later a glass of a 2 per cent. solution of sodium bicarbonate is taken into the stomach to insure the precipitation of the iron